



# REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

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First Named Inventor	Hinkel
Art Unit	1634
Examiner Name	Switzer
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I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name

Mary Kakefuda for Syngenta Participations AG

Signature

Mary Kakefuda

Date

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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